

**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp

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CAMPAIGN FINANCE**

**CALIFORNIA
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Cesar J Barajas

STREET ADDRESS

CITY

La Puente

AREA CODE/DAYTIME PHONE NUMBER

626-523-1229

STATE

CA

ZIP CODE

91744

OPTIONAL: FAX / E-MAIL ADDRESS

cbarajas@lapuentewater.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Director - La Puente Valley County Water District

JURISDICTION (LOCATION)

Los Angeles County

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

| COMMITTEE NAME AND I.D. NUMBER | COMMITTEE ADDRESS | NAME OF TREASURER |
|--------------------------------|-------------------|-------------------|
| | | |
| | | |

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/20/2021
DATE

By _____